

*Original or Best  
Version Specified*  
**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM TO-875)**

SERIAL N.	FILING DATE
APP. CANT(S)	10/10/80 31

**CLAIMS**

X	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	36	↓	↓	↓		
TOTAL CLAIMS	38	██████████	██████████	██████████	██████████	██████████

*		*	
IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	██████████	██████████	██████████

BEST AVAILABLE COPY

BEST AVAILABLE COPY

# CLAIMS ONLY

SERIAL NO.  
10015989

FILING DATE  
12/26/01

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	32	↔	↔	↔	↔	↔
TOTAL CLAIMS	35	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS